Staff Engagement in Quality Improvement
Hudson Hospital & Clinics, Hudson, Wisconsin
Birth Center

• Nursing ranks at 99th percentile for “friendliness and attitude” scores among Press Ganey hospitals (1,800 hospitals)
• Overall, rank at 97th percentile
• Births up 11% YTD 2010, 500+ annual volume

Meet the Team

Erica Hanson, RN
Birth Center
today’s speaker
Staff Engagement in Satisfaction & Quality

- Inpatient Press Ganey survey
- Comment cards
- Comment line, Facebook® and letters

Department Goal
- Every birth is personalized, emotionally rewarding and a healthy event for the family

We have cultivated an attitude of innovation and willingness to learn to learn from each other

Increasing Skill and Service Level

- Obstetrical drills
- Emergency cesarean delivery
- Shoulder dystocia
- Infant code
- Infant abduction
- VBACs
Indicators for Chart Audits

- Staff encouraged to submit charts for audit
- All aspects of patient care evaluated

OB Committee

- Physicians, staff nurses, lactation consultant, childbirth educators and leadership
- Review standards of care and policies and procedures
- Case studies
- Educational programs for physicians and nurses
Unit Practice Council

- Nurse retention and job satisfaction
- Innovative scheduling
- Nurse to patient ratios
- Education and training

Monroe Clinic Hospital
Tiffany Emberson, RN, CMSN
Erica Wand, RN
Not-for-profit multi-specialty integrated health network

- 11 Clinics located in WI and IL
- 100 bed hospital
- 1,039 employees
- 2009 Charity Care totaled $2.5M

Why I am Passionate About Improving Quality Outcomes

Every Patient, Every Encounter, Every Time

- My Profession
- My Place of Employment
- My Role
Collaborative Practice Model (CPM)

CPM is a philosophy and framework that helps employees *co-create* a healthy workplace culture. A workplace that is the best place for us as employees to be and work, *as well as*, the best place for our patients to seek service and receive holistic care.

How CPM Keeps My Colleagues and Myself Engaged

- Central Council
  - Purpose
  - Membership
- Departmental Council
  - Purpose
  - 1 to 5 reporting structure
Departmental Councils
Improving Quality

**Med/Surg Council**
- Implementation of bedside report
- Improvements in pressure ulcer prevention
- Improvements in discharge process

Departmental Councils
Improving Quality (cont.)

**FBC Council**
- Improved perinatal patient education
- Designed a new staffing plan
- Created a shared work team with both Women's Health clinics
Strategies to Encourage Staff Engagement

- Insist on two-way communication from council representative to employee
- Kaizen events
- Keep quality data visible

Med Surg Nursing Dashboard
Strategies to Encourage Staff Engagement (cont.)

- Allow employees to choose quality initiatives
- Utilize employees who have expressed interest
- Include the night shift
Background

• Labor and delivery staff nurse in the Birthing Center at Aspirus Wausau Hospital for 5 years
• Unit quality council member for the past 4 years
• Housewide Quality Council unit representative for the past 3 years
• Chair of the Housewide Quality Council since May 2010
Quality Involvement

• Perfectionist at heart
• Detailed
• Encouraged by unit leaders to become involved in one of the unit councils – education, practice or quality/research
• Allowed more involvement within the unit
• Desired to contribute to improve patient care within my unit, leading to improvement of overall hospital wide outcomes

Quality at the Unit Level

• What do we do??
• PI (Process Improvement) monthly monitoring
  – Examples are: anticipatory rounding, maternal and newborn pain assessments, iv monitoring, epidural time out and breastfeeding rate
  – Monthly data is collected by a point person for each area and is tabulated
  – Weakest areas are focused in on, presented at our collaborative unit meeting and then disseminated back to the unit staff
  – Once an area proves to no longer need monitoring a new focus area is chosen and the same process takes place
  – Barriers: Staff accountability
• Why??
How does this improve patient care at the unit level??

- Serves as a reminder to perform tasks that at times are omitted
  - Are the tasks performed but not documented?
  - Are the tasks not performed and not documented?
- Improves patient outcomes
  - Allows specific problem individuals to be identified early
  - Additional education to specific staff or department
  - Serves as a “trigger” on additional areas that can be improved

Quality at the Housewide Level

- What do we do??
- Hospital Audits
  - Examples: skin assessment, critical lab values, sedation, hand hygiene, pain
  - Monthly data collected by each unit representative and entered in a hospital data base
  - Each audited area has its own taskforce made up of 2-3 HWQ members
Quality at the Housewide Level (con’t)

• Data reviewed
• Task forces break out
  – Analyze data
  – Brainstorming/discussing/plans
• Why??

How does this improve patient care at the Housewide level?

• After the data is analyzed we can see where some of the breakdown is in our practice
  – Additional education may be needed (example – locating new flow sheets for accurate documentation).
  – Department specific??
• Housewide issue??
How to engage staff nurses in quality?

- For some it is just a part of them – for others a little encouragement is required
  - Make it fun!!
  - Be inspiring
  - Show results
- Provide incentives

Summary

- Energetic leader
- Make data collecting interesting and show results
- Obtain staff buy in
- Quality improvement starts and ends with the bedside nurse